

STARKVILLE OKTIBBEHA SCHOOL DISTRICT  
Department of Family Centered Programs  
Project HELP  
Emerson Family School  
1504 Louisville Street ~ Starkville, MS

**Referral Form**

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Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Contact Information: \_\_\_\_\_

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Eligibility, as best you can determine:

\_\_\_\_ multiple families living at the same address due to economic hardship

\_\_\_\_ hotel-motel/car/shelter

\_\_\_\_ inconsistent housing arrangements

\_\_\_\_ substandard housing (living without basic necessities such as running water & electricity)

\_\_\_\_ other: (Please explain) \_\_\_\_\_

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Referred by: \_\_\_\_\_

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